

GRANT APPLICATION PACKAGE
FOR CONSTRUCTION GRANTS

**Cost Estimate Outline (FS-26) – must be completed for construction applications only.
This form is to be submitted with the general grant application.**

New Jersey Department of Health and Senior Services

**APPLICATION FOR CONSTRUCTION GRANT
COST ESTIMATE OUTLINE**

Name of Grantee	Title of Proposed Grant
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Estimate the costs in which the Department of Health and Senior Services is requested to participate (costs shall include both grant funds and program income).

1. Demolition and Removal\$ _____
2. General Alteration and Renovation (e.g., carpentry, masonry, painting).....\$ _____
3. Plumbing\$ _____
4. Heating, Ventilation and Air Conditioning\$ _____
5. Electrical\$ _____
6. Architect's and Engineer's Fee.....\$ _____
7. Land\$ _____
8. Structural Costs.....\$ _____
9. Relocation\$ _____
10. Other Costs (Specify):\$ _____
11. Equipment.....\$ _____

List Source and Amount of Funds for Total Project:

Grant Funds and Amounts:

Other Sources and Amounts:

Total Net Square Feet of Floor Area in Proposal _____

Estimated Cost Per Net Square Foot Including Fixed Equipment \$ _____